

**HONEOYE FALLS-LIMA SCHOOL DISTRICT  
INSTRUCTOR VOUCHER**

Honeoye Falls-Lima Central School District  
20 Church Street  
Honeoye Falls, NY 14472

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**To be completed if you do not work for the HFL Schools:**

Address: _____		
Street Address		
_____	_____	_____
City	State	Zip
Social Security Number/Federal Tax ID : _____		

Workshop: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Time(s): \_\_\_\_\_  
FEE: \_\_\_\_\_

I hereby certify that the above account is a statement of services.

Instructor: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Approval: \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Superintendent Instruction/Curriculum

<b>CENTRAL OFFICE USE</b>	
Amount: \$	_____
Code:	<b>2070.150.50-0000</b>
OK to pay:	_____ Date: _____